

June 4 2022

2261580  
Jo Ann Wilbert  
Mt View Unit (A2/28)  
2305 Ransom Rd  
Gatesville Tx 76528

To: Clerk of the Court  
Western District of Texas  
United States Courthouse  
800 Franklin Avenue Room 380  
WACO, Texas 76701

Thru: NP Jennifer Humphreys  
Mt View Unit

NP Humphreys

I have tried to dissuade you from doing the  
EGREGIOUS Harm to me You have done through Medical,  
and You refuse to listen to reason.

You have deliberately put me in Harms Way because  
You are evil, mean And vindictive. Your medical judgement  
Is very questionable And if you don't like inmates  
Don't work here. On Numerous occasions you have  
violated doctors orders, caused me to be Punitively  
Punished for my inability to work, and falsified my  
medical records. In Addition You have cancelled my request  
to see other Physician Assistants like Mr Togo and  
MS Gaswaga

As Retribution for Filing Grievances on you; You have done the following

- Forced me to work with broken bones and multiple disabilities (violationing All my medical restrictions)
- Thrown me out of your office when I come to see you for medical care.
- Failed to read my VA medical records
- Failed to follow doctors orders: specifically those of Dr A. Pipes my Neurologist who is treating me for severe migraines and the possibility of blood clots or Aneurysm. (Feb 18 2022)
- Disregarding my hand surgeons order to get me a new compression glove
- Failure to renew my medical passes. (CUFF Pass, and Zip Shirt passes) My Sunglass Pass will expire 6/11/22 And I Am requesting you renew that too.
- You cannot possibly be doing All these chart reviews You say you are doing - It is so obvious I have disability problems - All you do is deny every thing.
- For 3 weeks now I have written to you to get non aspirin. No new prescription has shown up.
- Due to constant Abuse, discrimination of a disabled person, discrimination and Abuse (causing me pain and suffering) and delaying my medical care and treatment I Am taking you to Court.



The Deliberate Indifference you show:

- Your belligerent Attitude when dealing with inmates
- Your medical judgement is unsound and constitutes medical malpractice
- Over 30 times you have been told + shown I Do Not work in any capacity. Yet you put me in Work Status
- You know I should be Medically UnAssigned.
- You falsify my medical records Along with Nurse T. Dorman.

The list goes on and on.

I have written to the court and the Division of Licensing filed grievances and submitted I60's. I Am forced to do this.





## Texas Department of Criminal Justice

## STEP 2

OFFENDER  
GRIEVANCE FORM

Offender Name: Jo ANN Wilbert TDCJ # 2261580  
 Unit: Mt View Housing Assignment: A2/28  
 Unit where incident occurred: Mt View Unit / Gatsville TX

## OFFICE USE ONLY

Grievance #: \_\_\_\_\_  
 UGI Recd Date: \_\_\_\_\_  
 HQ Recd Date: \_\_\_\_\_  
 Date Due: \_\_\_\_\_  
 Grievance Code: \_\_\_\_\_  
 Investigator ID #: \_\_\_\_\_  
 Extension Date: \_\_\_\_\_

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

- 1) After having processed over 50 Grievances for inadequate medical care, failure to treat, recklessly endangering my life by forcing me into work status and a multitude of violations of my Civil Rights and Human Rights it is time to file a Law Suit for flagrant violations.
- 2) TDCJ And UTMB refuse to code my Medical Records And keep <sup>me</sup> in work status when I should be permanantly MEDICAL UnAssigned.
- 3) I have been repeatedly punished for being to Disabled to work. My TDIU (Total Disability based on Individual Unemployability) letter is in my VA File that UTMB has As Part of my medical record packet they were Given in 2019.
- 4) My medical inability to work has been part of my record since Jan 5 2008.
- 5) Movement to the VA Hospital in Dallas TX (immediately)

will be ~~the~~<sup>the</sup> only thing that will satisfy this LAW  
SUIT.

Offender Signature:

*Ann Wilbert*

Date: 6/5/22

Grievance Response:

Signature Authority:

Date:

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate. \*

CGO Staff Signature: \_\_\_\_\_

**OFFICE USE ONLY**

Initial Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_





## Texas Department of Criminal Justice

**02-286**  
**STEP 1**

**OFFENDER**  
**GRIEVANCE FORM**

Offender Name: Jo Ann Wilbert TDCJ # 2261580  
 Unit: Mt View Housing Assignment: F2/32  
 Unit where incident occurred: Mt View

## OFFICE USE ONLY

Grievance #: 202207164740  
 Date Received: 3-7-22 *CSW*  
 Date Due: 4-21-22 *SW*  
 Grievance Code: 1018 *CSW*  
 Investigator ID #: E7859 *SW*  
 Extension Date: 6-5-22 *SW*  
 Date Retd to Offender: \_\_\_\_\_

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Humphrey/Togo/Dorman/Wooley When? (Continuously)  
 What was their response? They kept running me around  
 What action was taken? Wrote QC in Galveston + Dr Lannette Linthicum

JUN 06 2022

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

After writing medical since December + seeing medical on 3/5/22  
I am filing this Medical Grievance for Medical Malpractice on  
Mt View Unit. The Medical is so inadequate and so incompetent  
it cannot even be called medical care.

My Pill Pass is wrong: I need Melatonin + 800 mg ibuprofen  
I was given Cymbalta + Aspirin

My Restriction List: won't even be printed for me (I have asked 8 times)  
My Medically Unassigned Status should read FEB 18 2023  
No Climbing  
No repetitive use of Hands  
No working with chemicals or irritants  
No walking beyond 100 yards  
No Lifting over 15 lbs.

I Am 100% Disabled and Don't WORK (PERIOD) Classification Knows

My CUFF PASS And ZIP Shirt Pass all need to Be renewed

I have written to Medical 12 times to correct their errors. It  
was MS Humphrey who created the problems. She needs to fix them.

JUN 06 2022



I have contacted Quality Control Managed Health Care in Galveston and Dr Lannette Lenthicum in Huntsville. Humphreys blatant disregard for my medical health is appalling.

Relief Humphreys need to correct all my Records to their former correctness

JUN 06 2022

Action Requested to resolve your Complaint.

Humphreys needs to stop Abusing me and correct my records.

Offender Signature:

*J Ann Wilbert*

Date: 3/5/22

Grievance Response:

Signature Authority:

Date:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☒ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature:

*Quiber/SNU*

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority:

I-127 Back (Revised 11-2010)

### OFFICE USE ONLY

Initial Submission UGI Initials: *SN*  
 Grievance #: *2022071647*  
 Screening Criteria Used: *02 699*  
 Date Recd from Offender: *3-7-22*  
 Date Returned to Offender: *JUN 06 2022*  
 2<sup>nd</sup> Submission UGI Initials: \_\_\_\_\_  
 Grievance #: \_\_\_\_\_  
 Screening Criteria Used: \_\_\_\_\_  
 Date Recd from Offender: \_\_\_\_\_  
 Date Returned to Offender: \_\_\_\_\_  
 3<sup>rd</sup> Submission UGI Initials: \_\_\_\_\_  
 Grievance #: \_\_\_\_\_  
 Screening Criteria Used: \_\_\_\_\_  
 Date Recd from Offender: \_\_\_\_\_  
 Date Returned to Offender: \_\_\_\_\_





## Texas Department of Criminal Justice

# STEP 1

## OFFENDER GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2022070881  
 Date Received: 5-4-22  
 Date Due: 4-18-22  
 Grievance Code: 638  
 Investigator ID #: \_\_\_\_\_  
 Extension Date: \_\_\_\_\_  
 Date Retd to Offender: \_\_\_\_\_

Offender Name: Jo Ann Wilbert TDCJ # 2261580  
 Unit: Mt View Housing Assignment: F2/32  
 Unit where incident occurred: Mt View

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? MS Henry / SGT Morgan When? 8:45 pm 3/2/22  
 What was their response? Understood everything I told them.  
 What action was taken? Will file Medical Grievance

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On 3/2/22 (Wed) at 5:30 pm I was called by Pickett (MS Henry) to go on chain to Plane State. Due to medical cancelling my CUFF Pass - I can no longer travel at ALL. My LEFT HAND is crushed and my wrist has a bone sticking out I cannot be cuffed with metal they have to use plastic restraints. Without a CUFF Pass - TDCJ will cuff me how ever they want to which will cause me extreme pain + suffering

PA Humphrey was the person who cancelled my CUFF Pass. I requested (4) times to have it renewed. She is directly responsible for me NOT BEING ABLE TO travel to Galveston Hospital to have HAND SURGERY.

This is the reason I signed my Refusal - NO CUFF PASS.

I will be contacting Dr Linnette Linthicum At TDCJ Patient Liaison for the Third Time (About PA Humphrey)



Relief: Reinstatement, All my restrictions, including  
CUFF Pass.

JUN 06 2022

Action Requested to resolve your Complaint.

Reinstatement all restrictions including  
CUFF Pass.

Offender Signature:

Ann Wilbert

Date: 3/2/22

Grievance Response:

Signature Authority:

Date:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☒ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

I-127 Back (Revised 11-2010)

### OFFICE USE ONLY

Initial Submission UGI Initials: SW  
 Grievance #: 2022070881  
 Screening Criteria Used: 02 699  
 Date Recd from Offender: 3-4-22  
 Date Returned to Offender: JUN 06 2022  
 2<sup>nd</sup> Submission UGI Initials: \_\_\_\_\_  
 Grievance #: \_\_\_\_\_  
 Screening Criteria Used: \_\_\_\_\_  
 Date Recd from Offender: \_\_\_\_\_  
 Date Returned to Offender: \_\_\_\_\_  
 3<sup>rd</sup> Submission UGI Initials: \_\_\_\_\_  
 Grievance #: \_\_\_\_\_  
 Screening Criteria Used: \_\_\_\_\_  
 Date Recd from Offender: \_\_\_\_\_  
 Date Returned to Offender: \_\_\_\_\_